PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

001380 18con 3600

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY			OTHER THAN	
TOTAL CLAIMS			85		(Column 2)		ľ	RATE FEE		OR 1 I	SMALL	
FOR			NUMBER FILED		NUMBER EXTRA		ŀ	BASIC FEE		-	RATE BASIC FEE	FEE
							ŀ	DASIC FEE	373.00	OR	DASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			85 minus 20=		* 65			X\$ 9=		OR	X\$18=	1/70
INDEPENDENT CLAIMS				nus 3 =	2			X42=		OR	X84=	84
MULTIPLE DEPENDENT CLAIM PRESENT								+140=		OR	+280=	
* If	the difference	in column 1 is	less than ze	than zero, enter "0" in column 2			-	TOTAL		OR	TOTAL	2030
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 2)								SMALL	ENTITY	OR	OTHER SMALL I	
AMENDMENT A		CLAIMS		HIGH	EST	(Column 3)			ADDI-	1 1		ADDI-
		REMAINING AFTER AMENDMENT		NUMI PREVIO PAID	DUSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	* ENTATION OF M	Minus	***]= .		X42=		OR	X84=	
<u>L.</u>	FIRST PRESE		JUITPLE DEF	PENDENT	CLAIM		ľ	+140=	<u> </u>	OR	+280=	
							_ _	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colur	nn 2)	(Column 3)	,		·	•	ADDII. 1 EE 1	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIC PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X42=		l	X84=	· · · · · · · · · · · · · · · · · · ·
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-			OR	7.0.	
							L	+140=		OR	+280=	
								TOTAL DDIT. FEE		OR ,	TOTAL ADDIT. FEE	
		(Column 1)	1	(Colun		(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIC PAID I	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	-	X42=		ł		
	FIRST PRESE	NTATION OF M	JLTIPLE DEPENDENT		CLAIM		ŀ	A42=		OR	X84=	
*	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+280=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." TOTAL ADDIT. FEE ADDIT. FEE												
		nber Previously Pai					four	nd in the ann	ropriate box	cin coli	ımn 1	